



CITY OF NEW BEDFORD

SCOTT W. LANG, MAYOR

Healthy Dining New Bedford

Restaurant Participation Application



Please print information clearly.

- Establishment Name: _____
- Establishment Address: _____
- Establishment Mailing Address: _____
- Establishment Telephone Number: _____
- Owner's Name: _____
- E-mail Address for Person in Charge (PIC) of Daily Operations: _____
- Style of Establishment: ☐ **Restaurant Only** ☐ **Restaurant (Bar)** ☐ # Seats _____

As a condition of participation, **I am attaching copies of my restaurant's current food menus for adults and children**, which clearly indicate that this establishment offers:

- ☐ At least two sides or choices of fruits and/or vegetables (other than potatoes);
- ☐ Substitution of salad or other vegetables for fried potatoes (e.g. French fries);
- ☐ Clearly designated low-fat and low-calorie menu items;
- ☐ 1% low fat milk and/or skim milk as a beverage;
- ☐ Some dishes in a smaller portion size;
- ☐ The "half meal to-go" option in which a customer eats only half and takes the remaining portion home.

As the owner/manager of the above restaurant, I certify that, as evidenced by Health Department records, this establishment:

1. Has a valid Food Establishment Permit issued by the New Bedford Health Department;
2. Has no unresolved sanitary health code violations;
3. Complies with "Smoke-Free Workplace Law."

I also understand that if any of the above conditions change, the Healthy Dining New Bedford designation will be forfeited.

I, _____, hereby agree to the above terms and conditions.
Owner/Manager-Print Name

Signature: _____ Date: _____

Mail completed application including menu(s) to:

New Bedford Health Department, 1213 Purchase Street, New Bedford, MA 02740

For Office Use Only: Received

Reviewed

Approved